

breast cancer patient or her doctor believe that she is not getting the kinds of treatment, she must have the right to be able to go through her HMO and, if necessary, outside the HMO for a timely appeal. Time is of the essence in these situations. Results are needed quickly—quickly.

Let me be clear. I am strongly opposed to drive-through mastectomies. I cosponsored Senator DASCHLE's legislation to end that practice. And I believe strongly that insurance companies that cover mastectomies have an obligation to also cover reconstructive surgery and prostheses when a woman has had to have a mastectomy. I have worked closely with National Breast Cancer Coalition and many others to correct these injustices. But these two proposals address only a small portion of the serious problems faced by women with breast cancer. These are both included in our comprehensive bill, but they are augmented by additional matters that are of enormous continued importance to those same patients.

We are guaranteeing them in our bill access to the kind of specialty care, the critically important clinical trials, and the ability to hold the plan itself accountable. And when you have a process whereby you can hold a plan accountable, where you have the possibility of enforcement, then you have real rights. When you do not have the ability to enforce something, then that right is not meaningful.

That is true across the board. You can pass laws every day about burglary and robbery and other crimes, but unless you are going to have a penalty, those laws are meaningless—they are meaningless. That is what we understand. We want to have those various plans held accountable for the decisions they make.

Mr. President, the HMOs that are providing good quality medicine have nothing to fear. It is understandable because they are living up to these kinds of quality challenges. They are at a competitive disadvantage by those plans that are trying to trim and reduce services, and therefore claim that they are providing the same range of services but doing so on the cheap. The obvious result is a diminution in care for those patients, and in a number of instances even the loss of life for those patients. And that is wrong.

Mr. President, many Americans have seen that movie, "As Good As It Gets." I think people understand this issue very well. Helen Hunt won an Oscar for her role in this movie. In it, she delivers a sharply worded criticism of her son's managed care plan, and audiences across the country erupt in laughter and applause. These hoots and the hollers make it very clear that the American people understand what is happening in too many of these managed care systems.

Everyone loves their managed care system until they get sick. Then we find too many instances where managed care becomes mis-managed care.

So, Mr. President, I am very hopeful that we can come to a full debate and discussion on this issue. It is a matter, as I mentioned, of life and death in many circumstances. Our colleagues on the floor of the Senate have given these examples. And these examples are not going to go away. The problem is not diminishing; the problem is increasing. This is an area that cries out for action, and the American people deserve no less.

Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. STEVENS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

MEASURE PLACED ON THE CALENDAR

The following measure was read the second time and placed on the calendar:

H.R. 3717. An act to prohibit the expenditure of Federal funds for the distribution of needles or syringes for the hypodermic injection of illegal drugs.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second time by unanimous consent, and referred as indicated:

By Mr. JEFFORDS (for himself, Mr. ROCKEFELLER, Mr. SPECTER, Mr. HOLLINGS, Mr. MURKOWSKI, Mr. LEAHY, and Mr. HAGEL):

S. 2054. A bill to amend title XVIII of the Social Security Act to require the Secretary of Veterans Affairs and the Secretary of Health and Human Services to carry out a model project to provide the Department of Veterans Affairs with medicare reimbursement for medicare health-care services provided to certain medicare-eligible veterans; to the Committee on Finance.

By Mr. REID:

S. 2055. A bill to require medicare providers to disclose publicly staffing and performance data in order to promote improved consumer information and choice, to protect employees of medicare providers who report concerns about the safety and quality of services provided by medicare providers or who report violations of Federal or State law by those providers, and to require review of the impact on public health and safety of proposed mergers and acquisitions of medicare providers; to the Committee on Finance.

S. 2056. A bill to amend title XVIII of the Social Security Act and title 38, United States Code, to require hospitals to use only hollow-bore needle devices that minimize the risk of needlestick injury to health care workers; to the Committee on Finance.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Ms. SNOWE (for herself, Mr. MCCAIN, Mr. HOLLINGS, Mr. KERRY, Mr. AKAKA, Mr. WYDEN, Mr. GORTON, Mr. SMITH of New Hampshire, Mr. ABRAHAM, Mr. JEFFORDS, Mrs. MURRAY, Mr. GREGG, Mr. D'AMATO, Mr. CHAFEE, and Mr. TORRICELLI):

S. Res. 226. A resolution expressing the sense of the Senate regarding the policy of the United States at the 50th Annual Meeting of the International Whaling Commission; considered and agreed to.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. JEFFORDS (for himself, Mr. ROCKEFELLER, Mr. SPECTER, Mr. HOLLINGS, Mr. MURKOWSKI, Mr. LEAHY, and Mr. HAGEL):

S. 2054. A bill to amend title XVIII of the Social Security Act to require the Secretary of Veterans Affairs and the Secretary of Health and Human Services to carry out a model project to provide the Department of Veterans Affairs with medicare reimbursement for medicare health-care services provided to certain medicare-eligible veterans; to the Committee on Finance.

THE VETERANS' EQUALITY FOR TREATMENT AND SERVICES ACT OF 1998

Mr. JEFFORDS. Mr. President, I am proud to rise with my colleagues, Senator ROCKEFELLER, Senator SPECTER, Senator HOLLINGS, Senator MURKOWSKI, and my friend from Vermont, Senator LEAHY, to introduce the Veterans' Equality for Treatment and Services Act, or VETS Act, of 1998. This bill will give our Nation's veterans greater freedom to choose where they receive their medical care.

Also known as "Medicare Subvention," the VETS Act will authorize the Department of Veterans Affairs to set up 12 pilot sites around the country for Medicare-eligible veterans who are either barred from getting care at VA facilities, or cannot afford costly VA copayments.

As members of the Senate Finance Committee, Senator ROCKEFELLER and I worked successfully last summer to pass this exact piece of legislation through the Senate Finance Committee. We were disappointed that before final passage of the 1997 Balanced Budget Act our legislation was replaced with a requirement to simply study the matter and issue a report.

Well, we have studied the issue and it is now time to act. The Veterans Health Administration under the able leadership of Ken Kizer has devised Medicare Subvention payment methods and I have recently spoken with Secretary Togo West about our mutual commitment to the passage of Medicare Subvention in this Congress.

Under current law, the VA will not generally treat a non-service connected Medicare-eligible veteran because they have no way to recover the full cost of doing so. Under the VETS Act, this same veteran could go to their VA for care and Medicare would reimburse the VA at the normal Medicare rate. Total Medicare reimbursements